

WATER WELL REPORT

STATE OF WASHINGTON

Application No.

Permit No.

132/03E-31C

61-23418

(1) OWNER: Name Elmer Hovik

Address P.O. Bx 190 Camano Island, Wa 98292

(2) LOCATION OF WELL: County Island

NE 1/4 NW 1/4 Sec. 31 T. 32 N. R. 3E W.M.

Bearing and distance from section or subdivision corner 936.62' South and 740.15' West of the NE corner

(3) PROPOSED USE: Domestic ☐ Industrial ☐ Municipal ☒
Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one).....
New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 200 ft. Depth of completed well 200 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 195 ft.
Threaded ☐ " Diam. from _____ ft. to _____ ft.
Welded ☒ " Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____

SIZE of perforations _____ in. by _____ in.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name Johnson

Type 3 Screen Model No. 304

Diam. 6 Slot size 30 from 195 ft. to 200 ft.

Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel: _____

Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 25 ft.

Material used in seal Oil-soluble mud

Did any strata contain unusable water? Yes ☐ No ☒

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(7) PUMP: Manufacturer's Name Red Jacket

Type: 206 HP 1

(8) WATER LEVELS: Land-surface elevation 140 ft.
above mean sea level.

Static level 43.13' 8" ft. below top of well Date: 5/24/79

Artesian pressure _____ lbs. per square inch Date _____

Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☒ If yes, by whom? Driller

Yield: 12 gal./min. with 12 ft. drawdown after 4 hrs.

" " " " "

" " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

2:00 144.2 2:10 132.8 2:20 132.8

2:30 132.8 2:40 132.8 2:50 132.8

Date of test 5/24/79

Bailer test _____ gal./min. with _____ ft. drawdown after 4 hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water 50 Was a chemical analysis made? Yes ☒ No ☐

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

| MATERIAL | FROM | TO |
|-----------------------|--------------|--------------|
| Top soil | 0 | 4 |
| Top soil | 0 | 4 |
| hard pan | 4 | 30 |
| Sand | 30 | 90 |
| gravel | 90 | 105 |
| Sand | 105 | 125 |
| Sand + gravel + water | 125 | 140 |
| Yellow clay | 140 | 165 |
| gravel | 160 | 170 |
| Sand + water | 170 | 200 |

Work started 2/12, 1979 Completed 2/20, 1979

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Kunkel Well Drilling
(Person, firm, or corporation) (Type or print)

Address 797 1/2 Smith Rd Camano Is Wa 98292

[Signed] A. G. Kunkel
(Well Driller)

License No. 6247 Date 5/21, 1979

(USE ADDITIONAL SHEETS IF NECESSARY)

61-23418

S. F. No. 7356-OS-(Rev. 4-71).



Well Tagging Form

Unique Well Tag No: AGA503 SO1

RECORD VERIFICATION (check ☒ one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name CAMALOC ASSN PRO SHOP Last Name _____

Street Address 34516-B Same

City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address _____

City Same County _____

T _____ N R _____ WM Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude N 48° 13 395 ' _____ "

Longitude W 122° 28 434 ' _____ "

Elevation at land surface N/A feet/meters (circle one)

Additional information, if available

- ☒ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing type of well housing etc)

6" CASING TNC WELL, IN STORAGE AREA BENEATH SHELVES - ~~BEHIND~~ GARAGE

~~BEHIND~~ PRO-SHOP

Location of Well identification Tag

ON WELL CASING

Was supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

If yes where was tag placed?

| | | | |
|---|---|---|---|
| D | C | B | A |
| E | F | G | H |
| M | L | K | J |
| N | P | Q | R |

Scale 1 24 000 (1 = 2 000)

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION

Q 31A

COMMENTS NO SAMPLE TAP ON WELL

MUST TAKE SAMPLE FROM SNK (MENS ROOM)

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right #

Date Issued

Circle One

Application

Permit

Certificate

Claim

Exempt